Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C	-103
Revised	1-1-89

Disalet Office
<u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240
DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

ļ	WELL API	NO.	
-	30-0	15-26	095

	5.	În	dic	aic	Ty	pe of	L	:250				
į								5	TATE	X.	FEE	\Box

DISTRICT III						STATE	FEE
1000 Rio Brazon Rd., Azte	c, NM 87410				6. State Oil & G B9739-15	aa Lease No.	
SUI	NDRY NOTICES	AND REPORTS ON	WELLS		V////////		
	FRENT RESERVOI	IALS TO DRILL OR TO DE R. USE "APPLICATION FO FOR SUCH PROPOSALS	OR PERMIT	JG BACK TO A	7. Lease Name of	or Unit Agreement Name	
1. Type of Well:			RECEIVE	0			
MET X	GAS WELL	OTHER			P.J. "B'	" State	
2. Name of Operator Fred Pool	Drilling,	Inc.	APR 21	' 89	8. Weil No.		
3. Address of Operator				~ 	9. Pool name or	Wildcat	
	1393, Roswe	ll, NM 88202	O. C		UND, Art	tesia - Q-G-SA	1
4. Well Location			ARTESIA, O				
Unit Letter <u>C</u>	:	Feet Prom The West	I	Line and3	30 Feet Fro	m The North	Line
11		100		0.00			İ
Section 11	מוווווווווווווווווווווווווווווווווווווו	Township 198 10. Elevation (Show w	Range		NMPM	Eddy	County
		3360			1		
11.	Check App	ropriate Box to Indi		of Notice, R	eport, or Othe	er Data	
NOTIC	CE OF INTEN				-	REPORT OF:	
	\Box	•	_				
PERFORM REMEDIAL W	ORK L!	PLUG AND ABANDON	REME	DIAL WORK		ALTERING CASING	
TEMPORARILY ABANDO	N	CHANGE PLANS	COM	MENCE DRILLING	OPNS.	PLUG AND ABANDO	ONMENT [
PULL OR ALTER CASING			CASIN	IG TEST AND CE	EMENT JOB		
отнея:			OTHE	R:	Completi	ion	X
12. Describe Proposed of C work) SEE RULE 1103		Clearly state all pertinent dei	ails, and give pe	rtinent dates, inclu	ding estimated date	of starting any proposed	
4/18/89	Perforated total of 1	1 2229 - 2234 wi 12 shots.	th ISPF a	and 2242 -	2247 with	ISPF for a	

Acidized with 500 gallons of 15% NEFE. Fracced with 25,000 gallons gelled $\rm H_{\tilde{2}}O$, 250000% of 20/40 sand and 15000% 12/20 sand.

Intend to put well on pump.

SIGNATURE A TOTAL TOTAL SIGNATURE	TITLE Secretary DATE 4/	/20/89
TYPEOR PRINT NAME Deborah Coluska	TELEPHONE	NO. 623-8202
(This space for State Use) Original Signed ATTROVED BY. ATTROVED BY.	By MINEMETER INSTRUCT & APP	R 2 5 1989